

OFFICIAL

State/Territory: NEW JERSEY

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Pregnant Women

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' Services
☒ Provided: ☐ No limitations ☒ With limitations*
- b. Optometrists' Services
☒ Provided: ☐ No limitations ☒ With limitations*
- c. Chiropractors' Services
☒ Provided: ☐ No limitations ☒ With limitations*
- d. Other Practitioners' Services
☒ Provided: ☐ No limitations ☒ With limitations*
7. Home Health Services
- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.
☒ Provided: ☐ No limitations ☒ With limitations*
- b. Home health aide services provided by a home health agency.
☒ Provided: ☐ No limitations ☒ With limitations*
- c. Medical supplies, equipment, and appliances suitable for use in the home.
☒ Provided: ☐ No limitations ☒ With limitations*
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 86-17
Supersedes
TN No. 86-4

Approval Date MAY 29 1987

Effective Date OCT. 1 1986

HCFA ID: 0140P/0102A

OFFICIAL

State/Territory: NEW JERSEY

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Dependent Children

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' Services
☒ Provided: ☐ No limitations ☐ With limitations*
- b. Optometrists' Services
☒ Provided: ☐ No limitations ☒ With limitations*
- c. Chiropractors' Services
☐ Provided: ☐ No limitations ☐ With limitations*
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☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 86-17
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TN No. 86-6

Approval Date MAY 29 1987

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HCFA ID: 0140P/0102A

OFFICIAL

State/Territory: NEW JERSEY

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Aged, Blind or Disabled

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

☒ Provided: ☐ No limitations ☒ With limitations*

b. Optometrists' Services

☒ Provided: ☐ No limitations ☒ With limitations*

c. Chiropractors' Services

☐ Provided: ☐ No limitations ☐ With limitations*

d. Other Practitioners' Services

☒ Provided: ☐ No limitations ☒ With limitations*

7. Home Health Services

a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Home health aide services provided by a home health agency.

☒ Provided: ☐ No limitations ☒ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

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State/Territory: NEW JERSEY

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Dependent Children

8. Private duty nursing services.

☒ Provided: ☐ No limitations ☒ With limitations*

9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations*

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Occupational therapy.

☒ Provided: ☐ No limitations ☒ With limitations*

c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.

☒ Provided: ☐ No limitations ☒ With limitations*

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Dentures.

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Aged, Blind or Disabled

8. Private duty nursing services.

☒ Provided: ☐ No limitations ☐ With limitations*

9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations*

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations*

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MEDICALLY NEEDY GROUP(S): Pregnant Women

- c. Prosthetic devices.
☒ Provided: ☐ No limitations ☒ With limitations*
- d. Eyeglasses.
☒ Provided: ☐ No limitations ☒ With limitations*
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.
☒ Provided: ☐ No limitations ☒ With limitations*
- b. Screening services.
☒ Provided: ☒ No limitations ☐ With limitations*
- c. Preventive services.
☒ Provided: ☐ No limitations ☒ With limitations*
- d. Rehabilitative services.
☒ Provided: ☐ No limitations ☒ With limitations*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
☐ Provided: ☐ No limitations ☐ With limitations*
- b. Skilled nursing facility services.
☐ Provided: ☐ No limitations ☐ With limitations*
- *Description provided on attachment.

TN No. 92-19A
Superseded*
TN No. 89-12

Approval Date JUN 29 1992

Effective Date NOV 29 1991

HCFA ID: 0140P70102J

State/Territory: NEW JERSEY

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Dependent Children

- c. Prosthetic devices.
☒ Provided: ☐ No limitations ☒ With limitations*
- d. Eyeglasses.
☒ Provided: ☐ No limitations ☒ With limitations*
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.
☒ Provided: ☐ No limitations ☒ With limitations*
- b. Screening services.
☒ Provided: ☒ No limitations ☐ With limitations*
- c. Preventive services.
☒ Provided: ☒ No limitations ☐ With limitations*
- d. Rehabilitative services.
☒ Provided: ☐ No limitations ☒ With limitations*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
☐ Provided: ☐ No limitations ☐ With limitations*
- b. Skilled nursing facility services.
☐ Provided: ☐ No limitations ☐ With limitations*
- *Description provided on attachment.

TN No. 92-19A
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TN No. 86-17

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State/Territory: NEW JERSEY

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Aged, Blind or Disabled

c. Prosthetic devices.

☒ Provided: ☐ No limitations ☒ With limitations*

d. Eyeglasses.

☒ Provided: ☐ No limitations ☒ With limitations*

13. Other diagnostic, screening, preventive, and rehabilitative services,
i.e., other than those provided elsewhere in this plan.

a. Diagnostic services.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Screening services.

☒ Provided: ☒ No limitations ☐ With limitations*

c. Preventive services.

☒ Provided: ☐ No limitations ☒ With limitations*

d. Rehabilitative services.

☒ Provided: ☐ No limitations ☒ With limitations*

14. Services for individuals age 65 or older in institutions for mental
diseases.

a. Inpatient hospital services.

☐ Provided: ☐ No limitations ☐ With limitations*

b. Skilled nursing facility services.

☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 92-19A
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State/Territory: NEW JERSEY

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MEDICALLY NEEDY GROUP(S): Pregnant Women

c. Intermediate care facility services.

☐ Provided: ☐ No limitations ☐ With limitations*

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.

☐ Provided: ☐ No limitations ☐ With limitations*

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☐ Provided: ☐ No limitations ☐ With limitations*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☐ Provided: ☐ No limitations ☐ With limitations*

17. Nurse-midwife services.

☒ Provided: ☐ No limitations ☒ With limitations*

18. Hospice care (in accordance with section 1905(o) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 32-17

Supersedes

TN No. 32-6

Approval Date MAY 29 1987

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